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Bib Data Sheet

CONFIRMATION NO. 4617

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/777,621 | <b>FILING OR 371(c) DATE</b><br>02/12/2004<br><b>RULE</b> | <b>CLASS</b><br>002 | <b>GROUP ART UNIT</b><br>3765 | <b>ATTORNEY DOCKET NO.</b><br>2820/103 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a CIP of 10/685,647 10/15/2003 ABN which is a CIP of 10/273,985 10/18/2002 ABN *TS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*-None- TS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
05/07/2004 **\*\* SMALL ENTITY \*\***

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>4 | <b>TOTAL CLAIMS</b><br>35 | <b>INDEPENDENT CLAIMS</b><br>6 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                               |                            |                           |                                |

**ADDRESS**  
02101

**TITLE**  
Washable protective pad

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>649 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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